

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 586318

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1				
4		1				
5		1				
6		5				
7		3				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26	1		1			
27		1		1		
28	1		1			
29		3		1		
30	1		1			
31		0		1		
32		0				
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48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		28	←		←
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						